U.S. Department of Housing and Urban Development Office of Public and Indian Housing

Small PHA Plan Update
Annual Plan for Fiscal Year: 2002 (with revised CFP statements and RASS Follow-up Plan)

NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES

PHA Plan Agency Identification

| PHA Name: Jackson County Housing Authority | | | | | |
|--|--|--|--|--|--|
| PHA Number: WV035 | | | | | |
| PHA Fiscal Year Beginning: (mm/yyyy) 01/2002 | | | | | |
| PHA Plan Contact Information: Name: David M. Rothrock Phone: 304-372-2343 Email (if available): drothro@aol.com | | | | | |
| Public Access to Information Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply) X Main administrative office of the PHA PHA development management offices | | | | | |
| Display Locations For PHA Plans and Supporting Documents | | | | | |
| The PHA Plans (including attachments) are available for public inspection at: (select all that apply) X Main administrative office of the PHA PHA development management offices Main administrative office of the local, county or State government Public library PHA website Other (list below) | | | | | |
| PHA Plan Supporting Documents are available for inspection at: (select all that apply) X Main business office of the PHA PHA development management offices Other (list below) | | | | | |
| PHA Programs Administered: | | | | | |
| X Public Housing and Section 8 Section 8 Only Public Housing Only | | | | | |

Annual PHA Plan Fiscal Year 2002

[24 CFR Part 903.7]

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ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

There have been no major policy or program changes.

| 2. Capital Impro [24 CFR Part 903.7 9 (g)] | vement Needs | | | |
|---|--|--|--|--|
| Exemptions: Section 8 only PHAs are not required to complete this component. | | | | |
| A. X Yes No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan? | | | | |
| B. What is the amour for the upcoming year | nt of the PHA's estimated or actual (if known) Capital Fund Program grant? \$\\$318,380 | | | |
| | Does the PHA plan to participate in the Capital Fund Program in the complete the rest of Component 7. If no, skip to next component. | | | |
| D. Capital Fund Prog | ram Grant Submissions | | | |
| - | und Program 5-Year Action Plan | | | |
| | and Program 5-Year Action Plan is provided as Attachment C | | | |
| (2) Capital Fund Program Annual Statement The Capital Fund Program Annual Statement is provided as Attachment B | | | | |
| 3. Demolition an | <u>d Disposition</u> | | | |
| [24 CFR Part 903.7 9 (h)] | nly PHAs are not required to complete this section. | | | |
| Applicability. Section 6 0 | my 11745 are not required to complete and section. | | | |
| 1. Yes X No: | Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.) | | | |
| 2. Activity Description | | | | |
| | Demolition/Disposition Activity Description ctivities Associated with HOPE VI or Conversion Activities) | | | |
| 1a. Development name: | | | | |
| 1b. Development (project) number: | | | | |
| 2. Activity type: Demolition Dimension | | | | |
| Dispos | ition [_] | | | |
| 3. Application status (select one) Approved Submitted, pending approval | | | | |

| Planned application | | |
|--|--|--|
| 4. Date application approved, submitted, or planned for submission: (DD/MM/YY) | | |
| 5. Number of units affected: | | |
| 6. Coverage of action (select one) | | |
| Part of the development | | |
| Total development | | |
| 7. Relocation resources (select all that apply) | | |
| Section 8 for units | | |
| Public housing for units | | |
| Preference for admission to other public housing or section 8 | | |
| Other housing for units (describe below) | | |
| 8. Timeline for activity: | | |
| a. Actual or projected start date of activity: | | |
| b. Actual or projected start date of relocation activities: | | |
| c. Projected end date of activity: | | |
| | | |
| 4. Voucher Homeownership Program | | |
| [24 CFR Part 903.7 9 (k)] | | |
| A. Test X No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.) | | |
| B. Capacity of the PHA to Administer a Section 8 Homeownership Program The PHA has demonstrated its capacity to administer the program by (select all that apply): Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below): | | |
| 5. Safety and Crime Prevention: PHDEP Plan [24 CFR Part 903.7 (m)] Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds. | | |
| A. Yes X No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered this PHA Plan? | | |

| B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ | | |
|--|--|--|
| C. Yes X No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component. | | |
| D. Yes No: The PHDEP Plan is attached at Attachment | | |
| 6. Other Information [24 CFR Part 903.7 9 (r)] | | |
| A. Resident Advisory Board (RAB) Recommendations and PHA Response | | |
| 1. Yes X No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s? | | |
| 2. If yes, the comments are attached at Attachment (File name) | | |
| 3. In what manner did the PHA address those comments? (select all that apply) The PHA changed portions of the PHA Plan in response to comments A list of these changes is included Yes No: below or Yes No: at the end of the RAB Comments in Attachment Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment | | |
| Other: (list below) | | |
| B. Statement of Consistency with the Consolidated Plan For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary). | | |
| Consolidated Plan jurisdiction: State of West Virginia | | |
| 2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply) | | |
| The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s. The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan. | | |

| X | The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan. Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below) Other: (list below) | | | | |
|---|--|--|--|--|--|
| | Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below: | | | | |
| | lidated Plan of the jurisdiction supports the PHA Plan with the following actions immitments: (describe below) | | | | |
| C. Criteria fo | or Substantial Deviation and Significant Amendments | | | | |
| | ent and Deviation Definitions | | | | |
| 24 CFR Part 903.7(r) PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation. | | | | | |
| Definitions: | existion. Substantial deviations or significant amandments or modifications are | | | | |
| Substantial Deviation- Substantial deviations or significant amendments or modifications are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the mission, goals, objectives or plans of the agency and which require formal approval of the Board of Commissioners. | | | | | |
| A. Substanti | al Deviation from the 5-year Plan: None | | | | |
| B. Significan | at Amendment or Modification to the Annual Plan: None | | | | |

<u>Attachment A</u> Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

| Applicable & On Display | List of Supporting Documents Available for Revision Supporting Document | Related Plan Component |
|-------------------------|---|---|
| X | PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations | 5 Year and Annual Plans |
| X | State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update) | 5 Year and Annual Plans |
| X | Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement. | 5 Year and Annual Plans |
| X | Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction | Annual Plan: Housing Needs |
| | Most recent board-approved operating budget for the public housing program | Annual Plan: Financial Resources |
| X | Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] | Annual Plan: Eligibility, Selection, and Admissions Policies |
| | Any policy governing occupancy of Police Officers in Public Housing check here if included in the public housing A&O Policy | Annual Plan: Eligibility, Selection, and Admissions Policies |
| X | Section 8 Administrative Plan | Annual Plan: Eligibility, Selection, and Admissions Policies |
| X | Public housing rent determination policies, including the method for setting public housing flat rents check here if included in the public housing A & O Policy | Annual Plan: Rent Determination |
| X | Schedule of flat rents offered at each public housing development check here if included in the public housing A & O Policy | Annual Plan: Rent Determination |
| X | Section 8 rent determination (payment standard) policies check here if included in Section 8 Administrative Plan | Annual Plan: Rent Determination |

| List of Supporting Documents Available for Review | | | |
|---|--|---------------------------|--|
| Applicable & | Supporting Document | Related Plan Component | |
| On Display | Public housing management and maintenance policy documents, | Annual Plan: | |
| | including policies for the prevention or eradication of pest | Operations and | |
| | infestation (including cockroach infestation) | Maintenance | |
| | Results of latest binding Public Housing Assessment System | Annual Plan: | |
| X | (PHAS) Assessment | Management and | |
| | (11110) 11000000000 | Operations | |
| | Follow-up Plan to Results of the PHAS Resident Satisfaction | Annual Plan: | |
| X | Survey (if necessary) | Operations and | |
| | | Maintenance and | |
| | | Community Service & | |
| | | Self-Sufficiency | |
| | Results of latest Section 8 Management Assessment System | Annual Plan: | |
| | (SEMAP) | Management and | |
| | | Operations | |
| | Any required policies governing any Section 8 special housing | Annual Plan: | |
| | types | Operations and | |
| | check here if included in Section 8 Administrative | Maintenance | |
| | Plan | | |
| | Public housing grievance procedures | Annual Plan: Grievance | |
| X | check here if included in the public housing | Procedures | |
| | A & O Policy | | |
| | Section 8 informal review and hearing procedures | Annual Plan: | |
| X | check here if included in Section 8 Administrative | Grievance Procedures | |
| | Plan | | |
| X | The HUD-approved Capital Fund/Comprehensive Grant Program | Annual Plan: Capital | |
| | Annual Statement (HUD 52837) for any active grant year | Needs | |
| X | Most recent CIAP Budget/Progress Report (HUD 52825) for any | Annual Plan: Capital | |
| | active CIAP grants | Needs | |
| | Approved HOPE VI applications or, if more recent, approved or | Annual Plan: Capital | |
| | submitted HOPE VI Revitalization Plans, or any other approved | Needs | |
| | proposal for development of public housing | | |
| | Self-evaluation, Needs Assessment and Transition Plan required | Annual Plan: Capital | |
| | by regulations implementing §504 of the Rehabilitation Act and | Needs | |
| | the Americans with Disabilities Act. See, PIH 99-52 (HA). | | |
| | Approved or submitted applications for demolition and/or | Annual Plan: | |
| | disposition of public housing | Demolition and | |
| | Annual and built described to the Control of the Co | Disposition | |
| | Approved or submitted applications for designation of public | Annual Plan: | |
| | housing (Designated Housing Plans) | Designation of Public | |
| | Approved or submitted assessments of reasonable revitalization of | Housing Annual Plan: | |
| | public housing and approved or submitted conversion plans | Conversion of Public | |
| | prepared pursuant to section 202 of the 1996 HUD Appropriations | Housing | |
| | Act, Section 22 of the US Housing Act of 1937, or Section 33 of | 110001115 | |
| | the US Housing Act of 1937 | | |
| | Approved or submitted public housing homeownership | Annual Plan: | |
| | programs/plans | Homeownership | |
| | Policies governing any Section 8 Homeownership program | Annual Plan: | |
| | (section of the Section 8 Administrative Plan) | Homeownership | |

| List of Supporting Documents Available for Review | | | |
|---|---|---|--|
| Applicable & On Display | Supporting Document | Related Plan Component | |
| X | Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies | Annual Plan: Community Service & Self-Sufficiency | |
| | FSS Action Plan/s for public housing and/or Section 8 | Annual Plan: Community Service & Self-Sufficiency | |
| X | Section 3 documentation required by 24 CFR Part 135, Subpart E | Annual Plan: Community Service & Self-Sufficiency | |
| | Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports | Annual Plan: Community Service & Self-Sufficiency | |
| | The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report | Annual Plan: Safety and Crime Prevention | |
| | PHDEP-related documentation: Baseline law enforcement services for public housing developments assisted under the PHDEP plan; Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; Coordination with other law enforcement efforts; Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. | Annual Plan: Safety and Crime Preventin | |
| X | Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) check here if included in the public housing A & O Policy | Pet Policy | |
| X | The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings | Annual Plan: Annual Audit | |
| | Troubled PHAs: MOA/Recovery Plan | Troubled PHAs | |
| | Other supporting documents (optional) (list individually; use as many lines as necessary) | (specify as needed) | |

Attachment B

Capital Fund Program Annual Statement Parts I, II, and II

Annual Statement Capital Fund Program (CFP) Part I: Summary

Capital Fund Grant Number: <u>WV15P03550102</u> FFY of Grant Approval: <u>2002</u>

X Original Annual Statement

| Line No. | Summary by Development Account | Total Estimated Cost |
|----------|---|----------------------|
| 1 | Total Non-CGP Funds | |
| 2 | 1406 Operations | \$ 32,000 |
| 3 | 1408 Management Improvements | |
| 4 | 1410 Administration | |
| 6 | 1415 Liquidated Damages | |
| 7 | 1430 Fees and Costs | 26,000 |
| 9 | 1450 Site Improvement | |
| 10 | 1460 Dwelling Structures | 230,000 |
| 11 | 1465.1 Dwelling Equipment-Nonexpendable | 20,000 |
| 12 | 1470 Nondwelling Structures | |
| 13 | 1475 Nondwelling Equipment | 12,000 |
| 20 | Amount of Annual Grant (Sum of lines 2-19) | \$ 320,000 |
| 21 | Amount of line 20 Related to LBP Activities | -0- |
| 22 | Amount of line 20 Related to Section 504 Compliance | -0- |
| 23 | Amount of line 20 Related to Security | -0- |
| 24 | Amount of line 20 Related to Energy Conservation | -0- |
| | Measures | |

Annual Statement Capital Fund Program (CFP) Part II: Supporting Table

| Development Number/Name HA-Wide Activities | General Description of Major Work Categorie | s Development Account Number | Total Estimated Cost |
|--|---|------------------------------------|-----------------------------|
| WV035-01 | Waterproofing 3 story buildings | 1460 | \$ 30,000 |
| Rolling Meadow | | | |
| Village | Replace kitchen cabinets | 1460 | 200,000 |
| | Maintenance equipment | 1475 | 12,000 |
| | New stoves and refrigerators Sub-Total | 1465.1 | 10,000 \$ 252,000 |
| WV035-02 Tanglewood Villa | New stoves and refrigerators Sub-Total | 1465.1 | \$ 10,000 \$ 10,000 |
| WV035-HA-Wide | Fees and Costs | 1430 | 26,000 |
| | Operations Sub-Total | 1406 | \$\frac{32,000}{\$58,000}\$ |
| | Grand Total | | \$ 320,000 |
| | | | |

Annual Statement Capital Fund Program (CFP) Part III: Implementation Schedule

| Development Number/Name HA-Wide Activities | All Funds Obligated (Quarter Ending Date) | All Funds Expended (Quarter Ending Date) |
|---|---|---|
| WV035-01 Rolling Meadow Village | 6/30/2003 | 9/30/2004 |
| WV035-02 Tanglewood Villa | 6/30/2003 | 9/30/2004 |

Attachment C

| Ann | Annual Statement/Performance and Evaluation Report | | | | | | |
|--------|--|---|---|---------------------|---------------------------|--|--|
| Capi | Capital Fund Program Part I: Summary | | | | | | |
| PHA N | ame: Housing Authority of the County of Jackson | Grant Type and Capital Fund Pr Replacement Ho | ogram Grant No: WV15P03550 busing Factor Grant No: N/A | | Federal FY of Grant: 2000 | | |
| Ori | ginal Annual Statement Reserve for Disast | ers/ Emergencies | Revised Annual Stateme | ent (revision no:) | | | |
| X Perf | ormance and Evaluation Report for Period Er | 0 | Final Performance and | ± | | | |
| Line | Summary by Development Account | Total | Estimated Cost | Total A | Actual Cost | | |
| No. | | | | | 1 | | |
| | | Original | Revised | Obligated | Expended | | |
| 1 | Total non-CFP Funds | | | | | | |
| 2 | 1406 Operations | \$ 31,204.00 | | \$ 31,204.00 | \$ 31,204.00 | | |
| 3 | 1408 Management Improvements | | | | | | |
| 4 | 1410 Administration | | | | | | |
| 5 | 1411 Audit | | | | | | |
| 6 | 1415 Liquidated Damages | | | | | | |
| 7 | 1430 Fees and Costs | 24,964.00 | | 24,964.00 | 21,939.08 | | |
| 8 | 1440 Site Acquisition | | | | | | |
| 9 | 1450 Site Improvement | | | | | | |
| 10 | 1460 Dwelling Structures | 255,873.00 | | 227,194.75 | 181,233.25 | | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | | | | | |
| 12 | 1470 Nondwelling Structures | | | | | | |
| 13 | 1475 Nondwelling Equipment | | | | | | |
| 14 | 1485 Demolition | | | | | | |
| 15 | 1490 Replacement Reserve | | | | | | |
| 16 | 1492 Moving to Work Demonstration | | | | | | |
| 17 | 1495.1 Relocation Costs | | | | | | |
| 18 | 1499 Development Activities | | | | | | |
| 19 | 1501 Collaterization or Debt Service | | | | | | |
| 20 | 1502 Contingency | | | | | | |
| 21 | Amount of Annual Grant: (sum of lines 2 – | \$ 312,041.00 | | \$ 283,362.75 | \$ 234,376.33 | | |
| 22 | Amount of line 21 Related to LBP Activities | -0- | | | | | |
| 23 | Amount of line 21 Related to Section 504 | | | | | | |
| | compliance | -0- | | | | | |
| 24 | Amount of line 21 Related to Security – Soft | | | | | | |
| | Costs | -0- | | | | | |

| Annual Statement/Performance and Evaluation Report | | | | | | | |
|--|--|----------------------|---|-------------------|----------|--|--|
| Capital Fund Program Part I: Summary | | | | | | | |
| | PHA Name: Housing Authority of the County of Jackson Grant Type and Number Capital Fund Program Grant No: WV15P03550100 Replacement Housing Factor Grant No: N/A Federal FY of Grant: 2000 | | | | | | |
| | ginal Annual Statement Reserve for Disast Formance and Evaluation Report for Period En | ers/ Emergencies R | evised Annual Statemo inal Performance and | | | | |
| Line No. | Summary by Development Account | | | ctual Cost | | | |
| 1100 | | Original | Revised | Obligated | Expended | | |
| 25 | Amount of Line 21 Related to Security – Hard Costs | 101,060.00 | | | | | |
| 26 | Amount of line 21 Related to Energy Conservation Measures | -0- | | | | | |
| | Annual Statement/Performance and Evaluation Report Capital Fund Program Part I: Summary | | | | | | |
| | PHA Name: Housing Authority of the County of Jackson Grant Type and Number Capital Fund Program Grant No: WV15P03550101 Replacement Housing Factor Grant No: N/A Federal FY of Grant: 2001 | | | | | | |
| | ginal Annual Statement Reserve for Disast formance and Evaluation Report for Period En | | evised Annual Statem inal Performance and | | | | |
| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | | | |
| - 100 | | Original | Revised | Obligated | Expended | | |
| 1 | Total non-CFP Funds | | | | • | | |
| 2 | 1406 Operations | \$ 66,838.00 | | \$ -0- | \$ -0- | | |
| 3 | 1408 Management Improvements | | | | | | |
| 4 | 1410 Administration | | | | | | |
| 5 | 1411 Audit | | | | | | |
| 6 | 1415 Liquidated Damages | | | | | | |
| 7 | 1430 Fees and Costs | 25,470.00 | | -0- | -0- | | |
| 8 | 1440 Site Acquisition | | | | | | |
| 9 | 1450 Site Improvement | 55,000.00 | | -0- | -0- | | |
| 10 | 1460 Dwelling Structures | 163,072.00 | | -0- | -0- | | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | | | | | |
| 12 | 1470 Nondwelling Structures | | | | | | |
| 13 | 1475 Nondwelling Equipment | | | | | | |
| 14 | 1485 Demolition | - | | | | | |

| Annua | Annual Statement/Performance and Evaluation Report | | | | | |
|--------------------------------------|--|---------------|--|---------------------|------------|--|
| Capital Fund Program Part I: Summary | | | | | | |
| | PHA Name: Grant Type and Number Fed | | | | | |
| | Housing Authority of the County of Jackson | | Grant No: WV15P03550 Factor Grant No: N/A | 100 | 2000 | |
| Origi | nal Annual Statement Reserve for Disast | | evised Annual Stateme | ent (revision no:) | | |
| _ | rmance and Evaluation Report for Period En | <u> </u> | inal Performance and | | | |
| | Summary by Development Account | - | nated Cost | • | ctual Cost | |
| No. | | | | | | |
| | | Original | Revised | Obligated | Expended | |
| | 1490 Replacement Reserve | | | | | |
| 16 1 | 1492 Moving to Work Demonstration | | | | | |
| 17 1 | 1495.1 Relocation Costs | | | | | |
| | 1499 Development Activities | | | | | |
| 19 1 | 1501 Collaterization or Debt Service | | | | | |
| 20 1 | 1502 Contingency | | | | | |
| | Amount of Annual Grant: (sum of lines 2 – 20) | \$ 318,380.00 | | \$ -0- | \$ -0- | |
| 22 A | Amount of line 21 Related to LBP Activities | -()- | | | | |
| 23 A | Amount of line 21 Related to Section 504 | | | | | |
| С | compliance | -0- | | | | |
| 24 A | Amount of line 21 Related to Security – Soft | | | | | |
| | Costs | -0- | | | | |
| 25 A | Amount of Line 21 Related to Security – Hard | | | | | |
| | Costs | -0- | | | | |
| 26 | | | | | | |

Attachment D

Capital Fund Program Five-Year Action Plan

Part I: Summary

| Tutti. Summary | | | | | |
|----------------|---------------------------|---------------------------|--|---------------------------|--|
| uthority of | | | X Original 5-Year Plan | | |
| , | | | | | |
| Voor 1 | Work Statement for Vear 2 | Work Statement for Veer 2 | | Work Statement for Year 5 | |
| i cai i | | | | | |
| | | | | FFY Grant: 2006 | |
| | PHA FY: 2003 | PHA FY: 2004 | PHA FY: 2005 | PHA FY: 2006 | |
| Annual | | | | | |
| Statement | \$212,000 | \$197,000 | \$214,000 | \$262,000 | |
| | | | | | |
| | \$50,000 | -0- | \$25,000 | -0- | |
| | \$58,000 | \$58,000 | \$81,000 | \$58,000 | |
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| | | | | | |
| | | | | | |
| | \$320,000 | \$320,000 | \$320,000 | \$320,000 | |
| | | | | | |
| | | | | | |
| | -0- | -0- | -0- | -0- | |
| | uthority of Year 1 Annual | Year 1 | The state of the s | thority of | |

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

| Activities for Year : 2 | | | Activities for Year: 3 | | | | |
|-------------------------|----------------------------|--------------------------|------------------------|----------------------------|--------------------------|----------------|--|
| Year 1 | | FFY Grant: 2003 | | FFY Grant: 2004 | | | |
| | PHA FY: 2003 | | | PHA FY: 2004 | | | |
| | Development Name/Number | Major Work Categories | Estimated Cost | Development Name/Number | Major Work Categories | Estimated Cost | |
| See | 35-01 Rolling Meadow | Tub Surrounds | \$60,000 | 35-01 Rolling Meadow | Closet Doors | \$35,000 | |
| Annual | | Bathroom Cabinets | \$70,000 | | Replace Windows | \$162,000 | |
| Statement | | Maintenance Equipment | \$12,000 | | | | |
| | | Privacy Screens | \$12,000 | | Subtotal | \$197,000 | |
| | | Property Line Fence | \$50,000 | | | | |
| | | Industrial Hand Rails | \$8,000 | | | | |
| | Subtotal | | \$212,000 | | | | |
| | 35-02 Tanglewood Villa | Walking Trail | \$15,000 | | | | |
| | | New Benches | \$5,000 | | | | |
| | | Stoves & Refrigerators | \$15,000 | | | | |
| | | Storage Room Doors | \$15,000 | | | | |
| | Subtotal | | \$50,000 | | | | |
| | HA-wide | Operations | \$58,000 | HA-wide | Operations | \$58,000 | |
| | | | | | Computer Equipment | \$65,000 | |
| | | | | | Subtotal | \$123,000 | |
| | Total CFP Estimated | d Cost | \$320,000 | | | \$320,000 | |

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

| | Activities for Year: 4 | | | Activities for Year: 5 | | |
|---------------------------------|------------------------------------|-----------------------|---------------------------------|------------------------------|-----------------------|--|
| FFY Grant: 2005 PHA FY: 2005 | | | FFY Grant: 2006 PHA FY: 2006 | | | |
| Development Name/Number | Major Work | Estimated Cost | Development Name/Number | Major Work | Estimated Cost | |
| 35-01 Rolling Meadow | Categories Stoves, Refrigerators & | | 35-01 Rolling | Categories New Maintenance & | | |
| 33-01 Ronning Wieddow | H/W Tanks | \$10,000 | Meadow | Community Building | \$262,000 | |
| | Replace Windows | \$190,000 | Tribudo W | Community Bunding | Ψ202,000 | |
| | Closet Shelves | \$14,000 | | | | |
| Subtotal | | \$214,000 | | | | |
| 35-02 Tanglewood Villa | Maintenance Equipment | \$15,000 | | | | |
| | Stoves & Refrigerators | \$10,000 | | | | |
| Subtotal | | \$25,000 | | | | |
| HA-wide | Operations | \$81,000 | HA-wide | Operations | \$58,000 | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total CFP E | stimated Cost | \$320,000 | | | \$320,000 | |

Attachment E: Resident Member on the PHA Governing Board

| 1. | X Yes No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2) |
|----|---|
| A. | Name of resident member(s) on the governing board: Ms. Isabelle Vandergriff |
| B. | How was the resident board member selected: (select one)? Elected X Appointed |
| C. | The term of appointment is (include the date term expires): 5 years, 10/1/05 |
| 2. | A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not? the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board. Other (explain): |
| В. | Date of next term expiration of a governing board member: |
| C. | Name and title of appointing official(s) for governing board (indicate appointing official for the next position): |

Attachment F: RASS Follow-up Plan

In response to our grade in the Security Section of the 2000 Resident Survey, the Jackson County Housing Authority used Capital Fund Program funding to install twenty-four (24) hour security cameras at both of our Public Housing Developments. The contract was signed on May 14, 2001 and the Certificate of Substantial Completion is dated September 24, 2001.

Cameras were positioned to view every unit as well as entrance and exit areas of the developments. We are able to view thirty (30) days of activity at each development.

Attachment G: Membership of the Resident Advisory Board

Myrtle Barnett, 35 Whispering Way, Ripley, WV 25271 Evelyn Hall, 19 Whispering Way, Ripley, WV 25271 Sandy Sherman, 13 Whispering Way, Ripley, WV 25271 Phyllis Rhodes, 47 Whispering Way, Ripley, WV 25271 Isabelle Vandergriff, 31 Whispering Way, Ripley, WV 25271

Attachment H: Voluntary Conversion Initial Assessment

- a. How many of the PHA's developments are subject to the Required Initial Assessments? 1
- b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)? 1
- c. How many Assessments were conducted for the PHA's covered developments? 1
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments: None

| Development Name | Number of Units |
|------------------|-----------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Attachment I: Admissions Policy for Deconcentration

| a. X Yes No: | Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question. |
|--------------|---|
| b. Yes X No: | Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete |

If yes, list these developments as follows:

| | Deconcentration Policy for Covered Developments | | | | | | |
|----------------------|---|--|--|--|--|--|--|
| Development Name: | Number of Units | Explanation (if any) [see step 4 at §903.2(c)(1)((iv)] | Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)] | | | | |
| | | | | | | | |
| | | | | | | | |